EDITORIAL

While society as a whole may be absorbed with entering the penultimate or final year of the old millennium (depending on how you count), we in public health are marking another anniversary.

We are entering the third century of the U.S. Public Health Service, which celebrated its 200th birthday in 1998. In that context, it seems appropriate to use the pages of *Public Health Reports* to think about the future of public health. Where are we going? What issues, trends, conditions will shape—or should shape—our research and actions? What occurrences, beneficial or harmful, must be monitored? What relationships will be necessary or helpful in improving the health of the public?

In the coming months, we will publish a series of articles that discuss the future of public health, and we welcome your submissions. These essays should cover the range of public health issues, institutions, and organizations. They should consider public health defined in its broadest sense: What will it take to create and maintain the conditions—physical, emotional, societal, economic, and legal—that will promote improved health for all people?

In addition to projections for the future, we are calling for articles that describe public health successes, especially those that are community-based. There is a growing, but largely unfunded and unsupported, popular movement in the United States—the Healthy Communities movement—which uses techniques of community development and community empowerment to improve community health. This is an endeavor that exists more in practice than in theory—unlike many—and needs rigorous evaluation and policy development to sustain it.

To promote discussion of these issues, we will make additional space available for commentaries, critiques, and letters to the Editor.

Although *PHR* takes pride in its timeliness, late-breaking news may occasionally overtake us and make what is written in the journal outdated. And, conversely, in some cases we even get ahead of ourselves.

My name on the masthead is an example of the latter. Tony Robbins's farewell editorial was published in the January/February issue of the journal. But almost all of the articles in the current issue were solicited or developed by Tony before he left his position as Editor. I am grateful for the work of Judy Kaplan and Janice Lesniak, who ensured the high quality and standards of *PHR* during the transition. The credit for this issue belongs to them.

We are now seeing the realization of two initiatives that Tony Robbins undertook during his years as Editor. Beginning with the current issue, David Satcher, MD, Assistant Secretary for Health and US Surgeon General, will contribute his perspective to the public health community in a regular section devoted to issues of concern to the Public Health Service. Dr. Satcher is only the second person in US history to hold both positions and has shown himself to be an extraordinary leader and a passionate advocate of an inclusive view of public health.

The January/February issue was the first published by Oxford University Press under a cooperative agreement between the journal and the Association of Schools of Public Health (ASPH). ASPH shares our goal of strengthening public health in the US by keeping readers informed of new developments and promoting dialogue among public health professionals. ASPH will help further these objectives in its section of the journal, to run in each issue. ■

LETTER

Response on Drug Policy

Ernest Drucker's article "Drug Prohibition and Public Health" [Jan/Feb 1999;114:14-29] criticized current drug policy for not adopting a number of positions that are in fact being pursued by the Office of National Drug Control Policy (ONDCP). He inaccurately characterized the National Drug Control Strategy while labeling his own approach "harm reductionist." We should note that all drug policies claim to reduce harm. The question is which approach would actually accomplish this aim. My view is that his suggestions would exacerbate drug abuse in America, not reduce it.

The article was wrong on a number of points. The oft-repeated claim that drug control has not worked and therefore should be abandoned is false. In fact, as a society we are successfully addressing drug use and its consequences. In the past 20 years, drug use in the United States has decreased by half and casual cocaine use has dropped 70%. Drug-related murders and spending on drugs have decreased more than 30% as the illegal drug market has shrunk. In the past two years, Monitoring the Future (an annual, nationwide study of school-based drug use among 8th, 10th, and 12th grade students) indicated that youth drug use has begun to decline in our country. Cocaine production in South America dropped 290 metric tons between 1994 and 1997. The Monitoring the Future study illustrates that when young people perceive drug use to be harmful and unacceptable, use of such substances drops. Recent indicators show that youth attitudes have begun to turn away from drugs. The anti-drug youth media campaign in which ONDCP is involved has produced a 2000% increase in young people tuning in to the anti-drug websites. Teens and their parents are responding to this ini-

tiative. The percentage of the national drug budget devoted to goal one of our strategy—educating young people to reject illegal drugs—is up 34.8%. Between FY 1993 and FY 1999, expenditures for prevention and treatment went up almost 40%; spending for prevention alone has risen 17%. In terms of prevention and treatment, great strides have been made.

ONDCP is working to close the gap between the number of people who need treatment and the treatment available. In America, there are four million chronic drug users in need of treatment, but we can offer help for only about 53% of these people. We must expand treatment opportunities so that everyone who needs help getting off drugs will have that opportunity. In addition, we are increasing the number of drug courts throughout America that offer treatment in lieu of imprisonment for nonviolent offenders. In 1989 there was only one drug court in America (in Miami), but by 1998, 323 of these courts were in operation. If we can break the cycle between drug use and crime, we can lower both addiction and crime. A third of state prisoners and one in five Federal prisoners say they committed their offenses while under the influence of drugs. Drug offenders account for 25% of the growth in the state prison population since 1990; violent offenders make up 50% of the growth. Many nonviolent, drug-related offenders will respond to coerced abstinence—including treatment for substance abuse—in lieu of incarceration. Over time, alternatives to incarceration promise to decrease the overall addicted population and reduce both crime and the number of Americans behind bars.

Drucker's article maintains that some ethnic groups have been stereotyped unfairly for excessive drug use. We at ONDCP have been making the point consistently that drug abuse affects all Americans. It is not a problem that afflicts only whites or blacks, rich or poor, urban or rural, old or young. Stereotyping in regard to drug use is misleading and inaccurate. Janet Reno and ONDCP Director Barry McCaffery have called upon Congress to reduce the disparity in mandatory sentencing for crack and powder cocaine. The current law gives the impression of unequal treatment. The perception of fairness as well as actual justice is important for our entire legal system.

ONDCP supports methadone therapy, among other abstinence-based approaches. The article attacked New York Mayor Guiliani for opposing methadone, as have we. However, the mayor has now moderated his position on this issue and is focused on the problem of effectively supervising methadone with a view to eventual abstinence from treatment.

Drucker is a Senior Fellow at the Lindesmith Center, a leading funder of drug legalization groups like NORML (an organization committed to legalizing marijuana). However, a review of American history reveals that when drugs and alcohol were legal, substance abuse increased. The highest use of heroin and cocaine in this country took place at the turn of the century before addictive drugs became illegal. In the 1970s, we experimented with de facto drug decriminalization. The result was drug use by both adults and children at twice the current rate. We have seen this phenomenon before. Addictive drugs were criminalized because they are harmful; they are not harmful because they were criminalized.

We still face many challenges, including educating a new generation of children who may have little experience with the negative consequences of drug abuse. We must also increase access to treatment for four million addicted Americans and attempt to break the cycle of drugs and crime that has caused a massive increase in the number of people incarcerated. We need adolescent prevention programs, effective drug treatment, and alternatives to incarceration for nonviolent drug law offenders. Drug legalization is not a viable policy alternative because excusing harmful practices encourages them.

Drucker's article inaccurately reflects the state of drug use in America and the national policy to counter it. Purporting to be a review of scientific evidence, the piece actually fell short on accuracy and perspective. Unwarranted pessimism is misleading and dangerous. While much remains to be done, we can build on many accomplishments in decreasing drug use and its consequences and go forward to reduce drug abuse further.

James R. McDonough
Director of Strategic Planning
Office of National Drug Control Policy
Washington DC ■